



Testimony of Commissioner Michael P. Starkowski

Before the Human Services Committee

March 17, 2011

Good morning, Senator Musto and Representative Tercyak and members of the Human Services Committee. I am pleased to be here this morning to present testimony on a variety of bills, including legislation introduced at the request of the department. I would like to thank the Committee for raising these bills. In addition, I am providing testimony on several other bills that impact the department.

Bills raised at the request of the Department:

S.B. No. 1161 AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES' IMPLEMENTATION OF POLICIES AND PROCEDURES RELATING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND THE HEALTH CARE AND EDUCATION RECONCILIATION ACT.

This proposal allows the Commissioner of Social Services to implement mandatory or optional provisions of the Affordable Care Act while in the process of promulgating regulations.

There are new opportunities being made available to states under the Affordable Care Act. These opportunities will significantly benefit a variety of populations served by the department. However, given the short federal timeframes to turn these programs around, and the emphasis in the application process on a state's authority to implement new programs, it is important that the department have the flexibility to implement as quickly as necessary to meet the requirements of each opportunity. For example, CMS recently released a new Medicaid incentive program that DSS has begun working on with DPH. The focus is improvement of health and reduced emergence of new medical conditions among Medicaid recipients. The response needs to assure implementation by the end of the year, before the opportunity can be reflected in legislation. Other examples include new revenue maximization opportunities such as the 1915(i), which will allow DSS to begin claiming on state funded programs operated by DSS or other state agencies. With the legislative and executive branch focus on maximization of federal funding opportunities, the sooner we implement the sooner we will be able to start drawing down federal funding.

Bills with DSS Impact:

S.B. No. 1147 AN ACT CONCERNING PATIENT CONSENT FOR THE EXCHANGE OF ELECTRONIC HEALTH INFORMATION.

This bill would prohibit any medical provider from releasing a patient's electronic medical records to any entity unless there is written consent from the patient.

The Health Insurance Portability and Accountability Act does not require consent from patients when information is shared between providers for purposes of treatment, payment or health care operations. This amendment imposes restrictions that are stricter than HIPAA and impractical for providers who are or will be participating in health information exchanges. The concern is that, if people are required to "opt in" instead of "opt out," the health information exchanges won't be successful.

This proposed amendment contradicts the policy adopted by the predecessor to the Health Information Technology Exchange of Connecticut (HITE-CT), which is the quasi-state agency established during the last legislative session. Committee members have expressed concerns that this proposal would have a negative impact on the continuity of care. Members also felt that "this language arguably would create the odd result of having different rules for release of paper versus electronic records. Nor does it resolve the question of what it means to "release" information. Furthermore, this could be interpreted to prohibit information from going into an exchange in the first place, even if it is not released subsequently to a third party without an authorization, and even if the health care provider has a business associate agreement in place with the exchange."

"This proposed legislation did not come through the Board of the HITE or the Legal and Policy Subcommittee of the HITE and is inconsistent with the consent model that has been adopted to date and incorporated into the Strategic and Operational Plans submitted to the ONC."

S.B. No. 1145 AN ACT CONCERNING OUTREACH BY COMMUNITY ACTION AGENCIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICANTS.

This bill requires the Department of Social Services to designate community action agencies and other community-based organizations as centers for accepting and screening Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp program) applications. These organizations would also provide outreach to SNAP applicants and participants.

DSS recognizes that it is imperative to increase SNAP participation and facilitate access to the program. However, under our Human Services Infrastructure program, Community Action Agencies already screen households for SNAP as well as provide application assistance and outreach. Similarly, End Hunger Connecticut!, the

Connecticut Association for Human Services and the Hispanic Health Council, our SNAP outreach contractors, assist households with preparing and submitting SNAP applications in addition to their SNAP outreach activities.

DSS recognizes the important role that these organizations can have in increasing SNAP participation and facilitating access to the program. We are developing a waiver that, if approved by FNS, will allow these organizations to perform additional functions, such as conducting SNAP interviews.

While we do not oppose the bill, we believe that it is unnecessary since our community partners are already doing the work outlined in the language.

S.B. No. 1150 AN ACT CONCERNING THE PROVISION OF MEDICAID BENEFITS TO CERTAIN CHILDLESS ADULTS.

This bill amends state statute to comply with the Medicaid changes of the Affordable Care Act that will take effect in 2014. Since this bill merely conforms state statute with federal law, we support the bill.